

RANGE AND MANEUVER AREA REQUEST

TO:	Cdr, CAS Bn ATTN: ATZC-B-C Range Scheduling FAX (915) 569-9557 (DSN 978)	THRU:	FROM:
			Date Submitted: Date Rec at Scheduling:

ARMY _____ USAF _____		USMC _____ USN _____		RESERVE _____ NG _____ OTHER _____					
DATE	Occupation Times	Range or Area	Weapon	AMMO/Pyro (QD/C & Type)	PURPOSE	FIRING TIMES	ILLUM	MAX QRD for ART	# OF PERS

REMARKS: (Aerial Targets, Special Target Requirements, Area & Time of Target Presentation, etc.)

POC: (Print Name/Rank)	Phone Number:
	FAX Number:
SIGNATURE	DATE:

CO-USE INFORMATION

POC: (Print Name/Phone #) (Signature)	Unit	Date	Area(s)	# Pers	Vehicles

